MINUTES OF: State Community Collaborative

CHAIRPERSONS: Joel Rosch and Pat Solomon

DATE: March 22, 2002

START TIME: 9:00 a.m.

LOCATION: Child Advocacy Institute **END TIME:** 11:00 a.m.

NAME	PRESENT	NAME	PRESENT	NAME	PRESENT
Al Deitch, DOA-YA&I	X	Jennifer Mahan, MHANC	X	Michael Owens, NCCCP	X
Austin Connors, ARCCFS	X	Jennifer Sullivan, NASW		Michael Schweitzer, DJJDP	
Beth Melcher, NCAMI			X	Michelle Zechmann, GCC	
Beverly Hester, WCH	X	Joan DeBruyn	X	Pat Solomon, F.United	X
Brad Trotter, DHOH-DMH		Joann Haggerty, CAI		Robin Huffman, NCPA	X
Carol Duncan-Clayton,		JoAnn Lamm, DSS-CSS		Sally Cameron, NCPA	X
NCCCP		Joel Rosch, CCFP	X	Sandra Sink, DSS	X
Carol Robertson, DMA		John R. Hayes, F.United		Stephanie Alexander, DMH	X
Carol Tant, WCHS		John Tote, MHA		Stephanie Nantz, GCC	
Carolyn Wiser, DMA	X	Kirstin Frescoln, AOC	X	Steve Shore, NCPS	
Cheryl Waller, CSHS		Lana Dial, AOC		Susan Coleman, WCH	X
Chuck Harris, DSS		Larry Hayes, DJJDP		Susan Robinson, DMH-CF	X
Connie Hawkins, ECAC		Lee Lewis, DMH-SA	X	Susan Whitten, DJJDP	
David Horowitz, TPC		Linda Gunn-Jones	X	William Hussey, MHPC	
Diann Irwin, DPI		Linda Swann		OTHERS:	
Don Herring, DMH-CFS		Lynda Richard, DMH-DD	X		
Donn Hargrove, DJJDP	X	Mark Ezzell, GCC			
Elizabeth Brown, DMH		Mark O'Donnell, DMH/CF			
Jan Hood, AOC	X	Martin Pharr, DJJDP	X		

		ACTION
TOPIC	DISCUSSION/FINDINGS	(By whom and when)
(1) Welcome & Introductions	Judie Ritchie of the Mental Health Association and Amy Kohls and Jack Freeman of Carolina One Source were welcomed by the Collaborative.	
(2)	Amy Kohls and Jack Freeman from Carolina One Source presented the following:	
Carolina One Source (Chuck Harris, DSS)	 Source presented the following: Believe that no child should be placed out of home unnecessarily Part of 4-A Waiver Demonstration Project Organized 7 years ago Comprehensive Ecological Assessment - Look at family as a whole Encompasses 19 counties Includes agencies and child and family homes strategize with different agencies re: how to keep children from becoming out of home placements Conducts all types of assessments with DSS workers Work with licensed professionals on conducting assessments Conducts post assessments Each assessment averages about 10 to 12 pages From each assessment, about 8 to 12 recommendations received 	
	 Mental Health, Substance Abuse AND medical issues are presented as well. 1 Source is not a stand-a-lone service Questioned whether agency is accessed by other agencies 	

No, under contract to serve DSS and the 19 waiver counties Does not bill directly to Medicaid and if services are reimbursable, unaware. Questioned how many cases serviced at any one time – approximately 100 cases or more Questioned the length of time it takes to conduct an assessment It takes 35 to 40 hours to conduct an assessment. Assessors complete a Family Evaluation Form Questioned what next steps are necessary for 1 Source to continue past June 30? First, contract must be renewed – present contract expires June 30. Questioned whether project will continue Questioned re: What are the funding sources for services, if expanded? How does the SOC try to maximally utilize staff and minimize costs? Common providers Structure of LMEs would support this. Opportunity for community to look at this as a resource. Questioned the pattern for not accepting assessment – no set pattern. Several reasons why not accepted. Parents move out of county. Refusal by parents is another. Local Collaboratives should be using this service. Example of assessment with common domains Questioned re: whether there is a set screening for SA youth? Not the tool used by SAS, but SA is a part of the assessment process for youth and parents. **(3)** Levels of Care Table of Contents has "medical necessity" definition Levels of Care Table of Will know what services will not be approved. **Contents (Don Herring)** People at the table, locally, should communicate and maintain knowledge, rather than become involved in arguments that are not based on factual information. All issues are **not** medically necessary. Decisions made in CFT setting should include all parties in attendance at the meeting, including UM. Who is making decisions – Value Options? – Medicaid? – AP? – CFT? Value Options only uses what is given to them by DMA who contracts with them. This includes information from DMH/DD/SAS on services, LOC, etc. Families need to have information to make good decisions and be able to understand the complexity of areas such as LOC. Need to know how often denials are occurring.

(4)	MOA has been signed by DHHS, DJJDP, AOC and is qualities DDI.	
MOA Update and Local	is awaiting DPI. Need to establish Workgroup for Local MOA	
MOAs (Stephanie	 Need to establish Workgroup for Local MOA Stephanie Alexander 	
Alexander)	Sandra Sink	
1 110 1111 11 11 11 11 11 11 11 11 11 11	Kiristin Frescoln	
	Lee Lewis	
	Lynda Richard Goral Claster	
	Carol Clayton Pat Salaman/Tamily Mamban	
(5)	Pat Solomon/Family Member Set time line for a second all the second and the second all the	
(5)	• Set timeline for answering questions generated by regional trainings.	
TA/Regional Meeting	Recommendations:	
(continued)		
(continueu)	Develop communication between State and regional collaboratives	
	Add regional chairpersons to State Collaborative	
	e-list	
	Designate contact person – Joel Rosch, Joan	
	DeBruyn or Pat Solomon	
	Create subcommittee to address ongoing	
	questions and concerns – Joel Rosch, Joan	
	DeBruyn, Pat Solomon	
	Exchange should be both ways	
	Regional minutes to Joel Rosch and Pat	
	Solomon – Joan DeBruyn will take charge of	
	this item	
	 Joel and Pat will respond to regional concerns 	
	• Is there a need for a Regional Collaborative?	
	 TA role is networking/troubleshooting 	
	• Is this something that is evolving or collapsing?	
	 Let them know it is beneficial for them to 	
	continue to meet together.	
	Wait until all Regional Meetings are completed	
	before responding to questions.	
	Use conference calling as a possibility since	
	travel is so restricted.	
	Sponsor and promote more training reiterating their release and responsibilities.	
	their roles and responsibilities.	
	Do not minimize the roles of regional constituents.	
	Struggling with responsibility issues of who has the	
	authority to do what.	
	Budget crises – fight against losing children's funds.	
	Do what works, but have family involvement.	
	Follow SOC Values & Principles	
	Response needs to be made to questions from the	
	Western Region meeting	
	Lot of uncertainty is felt out in the regions.	
	Regional Forum is to network regional staff.	
	SC should communicate that it is clarifying	
	definitions, roles & responsibilities that regional staff	
	are asking about at meetings.	
(6)	High level of frustration expressed by regional staff.	
	Two trainings – Broad Support for SOC overall	
General Discussion	• 60% - very positive, on-board, willing to work,	
	20% ambivalent and 20% negative	
	One person (Martha K.) leaving does not lower the	
	commitment to SOC and youth/families./per Pat S.	

	Need to have authority at the Department level.	
	Specific recommendations from the State	
	Collaborative need to go to DMH & DHHS.	
	 Encourage small groups to meet with Directors 	
	 Start with e-mail before initiating small group 	
	 Legislation needs to be strengthened. 	
	State Plan subcommittees are meeting regularly to	
	discuss infrastructure such as:	
	 Access 	
	 Quality 	
	Administration	
	Feed recommendations through Administrative	
	group because it is what they do and let them	
	serve as point of contact.	
	Workgroups are being formed that will include	
	State agencies, community agencies, families	
	and consumers.	
	State Plan being revised and comments are due by	
	4/19/02.	
	Who should be point of contact for e-mails about	
	advocacy issues?	
	Sally Cameron	
	Jan Mahan	
	Beth Melcher	
	SOC is working; the tough part begins now. Family a grant part begins now.	
	• Families are counting on us.	
	Request for draft letter from Linda Gunn-Jones	
	regarding Funding Grid.	
	Non-UCR requests for money	
	Send to Child and Family	
	CFS will review proposals.	
	 Appoint small SC workgroup to review 	
	proposals – need quick turnaround.	
	 Joel Rosch 	
	Stephanie Alexander	
	Family Member	
	Sandra Sink	
(7)	TA Questions Discussion	
Plans for next		
Meeting/agenda		